

10/589696

IAP11 Rec'd PCT/PTO 16 AUG 2006

Application Data Sheet

Application Information

Application number::	TBA
Filing Date::	August 16, 2006
Application Type::	Regular
Subject Matter::	Utility
Suggested classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	NONE
Number of CD disks::	
Number of copies of CDs::	
Sequence submission?::	YES
Computer Readable Form (CRF)?::	YES
Number of copies of CRF::	1
Title::	DIAGNOSTICS AND THERAPEUTICS FOR DISEASES ASSOCIATED WITH KALLIKREIN 5 (KJK5)
Attorney Docket Number::	004974.01214
Request for Early Publication?::	NO
Request for Non-Publication?::	NO
Suggested Drawing Figure::	
Total Drawing Sheets::	2
Small Entity?::	NO
Latin name::	
Variety denomination name::	
Petition included?::	NO
Petition Type::	
Licensed US Govt. Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?::	NO

Applicant Information

Applicant Authority Type:: **Inventor**
Primary Citizenship Country:: DE
Status:: Full Capacity
Given Name:: Stefan
Family Name:: GOLZ
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State or Province of Residence::
Country of Residence:: DE
Street of mailing address:: Bückmannsmühle 46
City of mailing address:: Essen
State or Province of mailing address::
Country of mailing address:: DE
Postal or Zip Code of mailing address:: 45326

Applicant Authority Type:: **Inventor**
Primary Citizenship Country:: DE
Status:: Full Capacity
Given Name:: Ulf
Family Name:: BRÜGGEMEIER
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State or Province of Residence::
Country of Residence:: DE
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City of mailing address:: Leichlingen
State or Province of mailing address::
Country of mailing address:: DE
Postal or Zip Code of mailing address:: 42799

Applicant Authority Type:: **Inventor**
Primary Citizenship Country:: DE
Status:: Full Capacity
Given Name:: Andreas
Family Name:: GEERTS
City of Residence:: Wuppertal
State or Province of Residence::
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Street of mailing address:: Schucherstrasse 29
City of mailing address:: Wuppertal
State or Province of mailing address::
Country of mailing address:: DE
Postal or Zip Code of mailing address:: 42113

Applicant Authority Type:: **Inventor**
Primary Citizenship Country:: DE
Status:: Full Capacity
Given Name:: Holger
Family Name:: SUMMER
City of Residence:: Wuppertal
State or Province of Residence::
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Street of mailing address:: Katernberger Schulweg 3
City of mailing address:: Wuppertal
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Postal or Zip Code of mailing address:: 42113

Correspondence Information

Correspondence Customer Number:: 22907

Representative Information

Representative Customer Number:: 22907

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	National Stage of	PCT/EP2005/001130	04 February 2005

Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::
Europe	04003587.5	18 February 2004	Yes

Assignee Information

Assignee name:: BAYER HEALTHCARE AG

Street of mailing address::

City of mailing address:: Leverkusen

State or Province of mailing address::

Country of mailing address:: GERMANY

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